

STATE OF NEW JERSEY
PERINATAL RISK ASSESSMENT
 First Visit Form



16152

ALL FIELDS REQUIRED

PLEASE PRINT CLEARLY

Date Form Completed: - - SSN: - - Insurance ID/Medicaid #: Insurance Effective Date: - -

Provider Information
 Chart #: Planned Delivery Site Code:

Patient Information
 Last Name: First Name: Date of Birth: - -
 Street Address: City:
 Zip Code: County: Primary Phone: - Preferred Contact: Text Call
 Emergency Contact Name: Emergency Contact Phone: -
 Name of Father of the Baby: Father of Baby Involved: Yes No
 Married: Yes No

Race (Choose one): Black White Asian Other
Ethnicity Hispanic: Yes No
 Native American Multi-Racial Alaskan/Pacific Islander Other
Primary Language (Choose one): English Spanish Other (specify) _____
Health Insurance (Select all that apply): Medicare Medicaid PE Medicaid FFS Medicaid MCO NJ Family Care Commercial/Private Uninsured/Self Pay
Medicaid MCO (Choose one): Aetna Better Health Amerigroup Horizon NJ Health UnitedHealthcare Community WellCare None

Entry Into Prenatal Care
 1st Visit: - -
 1st Visit Under MCO: - -
 LMP: - -
 EDD: - -

Perinatal History First pregnancy? Yes No *If Yes, skip to Physical Assessment*
 Date of last live birth: - -
 Date of last other pregnancy outcome: - -
 # Pregnancies Including Current: _____ # Miscarriages < 20 wks: _____
 # Previous Live Births: _____ # Fetal Deaths ≥ 20 wks: _____
 # Live Births Now Living: _____ # Induced Terminations: _____
 # Term Births ≥ 37 wks: _____ # Ectopic or Molar Pregnancies: _____
 # Preterm Births < 37 wks: _____
 # Previous Cesarean Sections: _____

Physical Assessment
 Blood Pressure: /
 Pre Pregnancy Weight (lbs): Current Weight (lbs):
 Height (ft-inches): -
Bleeding During Current Pregnancy
 1st Trimester 2nd Trimester 3rd Trimester None

Infertility Treatment No Fertility enhancing drugs, artificial insemination or intrauterine insemination Assisted reproductive technology (IVF, GIFT, ZIFT)
If No Skip to Pregnancy Risk
 [] Taken by Mother [] Taken by Father [] Insemination

Pregnancy Risk Factors	Current Pregnancy			Prior Pregnancy			Current Pregnancy			Prior Pregnancy							
	Y	N	Unk	Y	N		Y	N	Unk	Y	N						
Low Birth Weight (≤ 2500gm)	na	na	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fetal Reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Group B Strep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of PROM	na	na	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Macrosomia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urinary Tract Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na
Hyperemesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	IUGR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Oligo/Polyhydramnios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gestational Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abnormal Amniocentesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Insulin Dependent</i>	<input type="radio"/>	<input type="radio"/>	na	<input type="radio"/>	<input type="radio"/>	Abnormal AFP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PIH/Preclampsia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Maternal Fetal Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Illicit Drug Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eclampsia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdominal Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Opiate Dependence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placenta Previa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fetal Genetic/Structural Abnorm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Opioid Replacement Tx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical Incompetence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rh Negative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Cats or Birds in Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na
Multiple Gestation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Pyelonephritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

PRA ID:

16152

DO NOT PHOTOCOPY BLANK FORMS

PLEASE COMPLETE AND FAX TO: 856-662-4321

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Grid for Provider Chart #

Current Medical Conditions/Risks

Table with columns for Yes, No, Unk, On Meds, Patient History for various conditions like Neurological Condition, Seizures, Depression, Asthma, etc.

Psychosocial Risk Factors

Table with columns for Yes, No, Unk for factors like Disabled, Homeless, Unstable Housing, etc.

Reason for Late Entry to Prenatal Care

Table with columns for Yes, No for reasons like Transportation, Financial, Child Care Issues, etc.

Smoking/Tobacco Use

Form for Non Smoker status and Cigarettes/Packs per day.

4Ps Plus

Form with Yes/No questions about parents' drug use, partner's behavior, and patient's mental state.

If Any is checked, continue with the 4Ps Follow-Up Questions

4Ps Plus Follow-up Questions (if *Any above was checked)

Table for follow-up questions about drug use frequency with columns for Refer for Assessment, Prevention Education, and No Referral Needed.

Referrals/Education

Table with columns for Referred, Receiving Services, Referral Needed, Refused, Not Needed for services like Tobacco Cessation, Childbirth Education, etc.

Medications/Comments

Blank lines for Medications/Comments.

* Includes referrals to local Community Health Worker, Community Home Visiting and other supportive services